

Michigan Immunization Update

Fall 2003

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Michigan ranks sixth in U.S.

The Centers for Disease Control and Prevention's (CDC) National Immunization Survey places Michigan sixth in the nation for the percentage of fully immunized children. Michigan has increased from a 70.0 percent immunization level in 2001 to 81.6 percent in 2002 for children aged 19 to 35 months, an improvement of nearly 12 percent. The national average is 74.8 percent.

In 1994, CDC ranked Michigan last in the nation with an immunization level of 61 percent. The 2002 figures reflect children protected with 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, and 3 doses of hepatitis B vaccines (4:3:1:3:3 series).

The Michigan Department of Community Health (MDCH) attributes the increase in rates to several factors. Michigan's comprehensive immunization program and strong collaboration with local health departments and health care providers have played important roles in this dramatic increase. Dedicated and talented health care professionals, both at the state and local levels, have been committed to improving immunization rates in this state and this success is a result of their outstanding work.

The Michigan immunization program has applied many well-planned initiatives to increase immunization levels and provide vaccine through a network of public and private health care providers. Providing enhanced educational services and technical consultation to public and private providers have also been essential to increasing immunization levels.

MDCH has developed and implemented several provider education programs (see pages 8-9 and 11 for details).

The nationally recognized Michigan Childhood Immunization Registry (MCIR) has been developed and implemented with grass-roots support from all immunization partners. The registry provides all physicians with quick access to immunization records and allows them to more effectively follow up with children who are behind in their immunizations.

Over the past two years, MDCH has been working closely with immunization partners at the City of Detroit and the Wayne County Health Departments to plan and implement ways to increase the immunization levels in this priority area. As a result of this, and many local efforts, immunization rates in the City of Detroit have increased nearly 7 percent from 2001 to 2002.

Michigan has also increased the number of health care provider practices enrolled in the federal Vaccines for Children program, which provides vaccine to clinics serving eligible children.

The National Immunization Survey can be found on the Centers for Disease Control and Prevention website at www.cdc.gov/nip/coverage/default.htm

***Many thanks to YOU
for your hard work!***

Flu shots critical for persons with diabetes

The Centers for Disease Control and Prevention (CDC) recommends that adults and children with chronic medical conditions, such as diabetes, receive a flu shot in October or November of every year. Vaccinating individuals at high risk just before the influenza season each year is the most effective measure for reducing the impact of the flu. CDC also recommends early flu vaccination for adults and children who are household contacts or caregivers of people with diabetes. When family members get a flu shot, it helps to keep them healthy and protects the person with diabetes from catching the flu.

Pneumococcal polysaccharide vaccine is recommended for anyone 2 years of age or older who has diabetes or another high-risk condition. While most people will only need one pneumococcal polysaccharide shot over the course of their lifetime, this may not be the case for people with diabetes. A one-time revaccination is recommended for people with diabetes 65 years of age or older who were previously immunized when they were younger than 65, if the vaccine was administered more than five years ago. It is important to remember that a person should receive no more than two doses of the polysaccharide

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New brochure for persons with diabetes now available

If you have diabetes, getting a flu shot is a family affair encourages people with diabetes and their family members to get an annual flu shot. To order this brochure, use the order form on pages 14-15. Questions may be directed to Rosemary Franklin (517-335-9485 or franklinr@michigan.gov).



MCIR allows providers to share immunization data easily

Dear Therese: A new patient entered our practice the other day and it took 20 minutes just to process the release of information to have the last provider send us the immunization record on this child! Is there another way to work around having to fill out so much paper work for an immunization record? — **Hopeful in Timbuktu, Michigan**

Dear Hopeful: Yes, there is an easier way to share immunization data between providers: the Michigan Childhood Immunization Registry (MCIR). A provider in Michigan did just that recently to save both practices time from filling out the release of information forms. An adolescent presented in Clinic A for immunizations. Clinic A called Clinic B for the adolescent's record. By the time they discussed what release of information would be needed, Clinic B said "Let me put the adolescent's immunization record in MCIR. Then you can access MCIR and print it out". Clinic B entered the record into MCIR



Therese Hoyle, MDCH MCIR Coordinator, welcomes the opportunity to reply to questions about MCIR

and Clinic A retrieved them immediately and immunized the adolescent. Both clinics recognized the value of MCIR as a time saving tool. Moreover, they were able to meet HIPPA requirements.

More MCIR questions?

For additional information, call your MCIR Region (phone numbers are listed on page 12).

Flu shots critical

Continued from page 1

pneumococcal vaccine (PPV23) in his or her lifetime and the two doses must be spaced at least five years apart. Also, the new conjugated pneumococcal vaccine (PCV7) is recommended for all children who are 2-23 months of age and should be considered for children aged 24-59 months who are at high risk for pneumococcal infection.

A pneumococcal shot and an annual flu shot could prevent complications and death associated with pneumonia and

influenza. Make flu and pneumococcal vaccination for people with diabetes – and their family and household contacts – a priority this flu season.

A person should receive no more than two doses of the PPV23 vaccine in his or her lifetime and the two doses must be spaced at least five years apart.

For more information, contact CDC at 1-877-CDC-Diab or visit www.cdc.gov/nip/flu

Influenza season 2003-2004 arrives

To whom should you give the influenza vaccine?

- a 10-month-old healthy baby boy
- a 13-year-old child who lives with her 72-year-old grandmother
- a 25-year-old person who has asthma
- a 32-year-old woman who is pregnant with her second child (the child is due in January)
- a person who is going to turn 50 years old this month
- a 67-year-old active senior

All of these individuals should receive flu vaccine, provided there are no valid contraindications.

The list of persons recommended to receive the influenza vaccine seems to grow each year. However, so does our knowledge of who is at risk for complications and even death as a result of influenza infection. Statistics show that in the 1990s, an average of 36,000 people in the U.S. died each year from influenza complications. This is much higher than previously reported estimates. Influenza-related deaths occur primarily in persons who are 65 years of age or older and in persons of any age with medical conditions that place them at high risk. However, the rates of infection are highest among children. While adults are typically infectious from one day prior to five days after illness onset, children can be infectious for 10 or more days. Influenza vaccination remains the primary method for preventing influenza and its severe complications.

Primary changes in the recommendations for the 2003-2004 flu season

1. The optimal time to receive influenza vaccine continues to be October and November. It is recommended that vaccination efforts in October focus on the following:
 - persons age 50 years and older,
 - children age 6-23 months of age,
 - persons 2-49 years of age with certain medical conditions placing them at increased risk for influenza complications,
 - health care workers,
 - household contacts of persons at high risk, including household contacts of children 0-23 months of age,
 - and children under 9 years of age receiving influenza vaccine for the first time (they will need two doses, given at least 4 weeks apart)

Vaccinate all other groups beginning in November and continue through the flu season (November – March).

2. Because young, otherwise healthy children are at increased risk for influenza-related hospitalizations, vaccination of healthy children aged 6-23 months is encouraged. Vaccination of children 6 months of age or older who have certain medical conditions, including asthma and diabetes, is strongly recommended.

3. A limited amount of preservative-free influenza vaccine for children 6-35 months of age will be available, both for private purchase and through the Michigan Department of Community Health's (MDCH) Vaccines for Children (VFC) program. A formulation of influenza vaccine containing preservative will also be available.
4. Additional covered groups have been added to the VFC program: a) all eligible children age 6-23 months, b) eligible children 2-18 years of age who are household contacts of children under 2 years of age, and c) eligible children who live with children and adults with high risk conditions.
5. Inactivated influenza vaccine will be available from two manufacturers. Aventis Pasteur's Fluzone® is approved for persons who are 6 months of age and older (www.vaccineshoppe.com) and Evans Vaccines Ltd.'s Fluvirin® is approved for persons age 4 years and older (www.fluvaccine.net). Because the trivalent strain did not change from last year, vaccine delivery and availability is expected to be on schedule.
6. Although the formulation of the vaccine has not changed from last year, health care providers should not administer any of the vaccine produced for the 2002-2003 flu season. All flu shots administered during the 2003-2004 flu season must be taken from a current vaccine lot.

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Influenza season 2003-2004

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7. In June, the Food and Drug Administration (FDA) approved a license application for FluMist™, a live attenuated influenza vaccine administered intranasally. FluMist is approved for healthy children and adolescents, ages 5-17 years, and healthy adults, ages 18-49 years. FluMist will be available for private purchase for the 2003-2004 flu season. However, it will not be available through the VFC program this year. A separate Vaccine Information Statement (VIS) for FluMist™ vaccine will be made available.

The Advisory Committee on Immunization Practices (ACIP) will publish recommendations for

this new vaccine in the *Morbidity and Mortality Weekly Report* (MMWR) before the 2003-04 influenza vaccination season begins.

To view the package insert for this product, go to www.fda.gov/cber/label/inflmed061703LB.pdf

For additional information, go to www.cdc.gov/nip/Flu/News.htm#flumist

Strategies and special considerations

Strategies for successful vaccination programs include using standing orders, reminder/recall systems, a plan to identify persons at high risk

and partnering with local service organizations.

Although influenza vaccination levels increased substantially during the 1990s, further improvements are needed, chiefly among African Americans and Hispanics aged 65 years and older and persons under 65 years of age who are at increased risk for influenza-related complications, among all racial and ethnic groups.

This means you!

Be sure to get your annual flu shot this year – and every year. As a health care worker, your protection against influenza helps to protect your patients.

Subscribers stay informed with Immunization Newsbriefs

Every Monday, Wednesday, and Friday, subscribers to the electronic newsletter *Immunization Newsbriefs* receive up-to-the-minute U.S. and international immunization news. A service of the National Network for Immunization Information (NNii), the newsletter is published by Information, Inc., Bethesda, MD.

Culled from news sources worldwide, the newsletter's content consists of summaries of articles from newspapers and occasional medical publications. A link to the source publication accompanies each summary.

To access the current issue of *Immunization Newsbriefs* from the NNii website, go to: www.immunizationinfo.org/newsbriefs

To subscribe, go to: www.immunizationinfo.org/newsbriefs/subscribe.cfm

To access the NNii home page, go to: www.immunizationinfo.org

www.immunizationinfo.org/newsbriefs

Free immunization materials available

Free immunization materials are available from the National Immunization Program at CDC. The quickest way to get them is through CDC's website at:

www.cdc.gov/nip/publications

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

Vaccine management during a move

Submitted by Karen Blakley, R.N., B.A.,
Public Health Nurse, Allegan County
Health Department

The Allegan County Health Department (ACHD) has assisted several practices with vaccine management issues for their moves into new offices. In addition, ACHD experienced the issues relating to vaccine management first hand when they moved into a new building last year. Moving into a new office can be exciting, but don't let it turn into a disaster by losing costly vaccines due to moving them improperly.

Advance planning for a move is critical. Your vaccine supply must be safely stored before, during and after the move or the vaccine may be compromised. Losing vaccine due to improper storage and handling can be a costly mistake. A single dose of varicella vaccine, for example, costs \$44 for Vaccines for Children (VFC) vaccine and up to \$58 if privately purchased. This could mean hundreds

of dollars in lost vaccines if proper procedures are not followed at all times during the move.

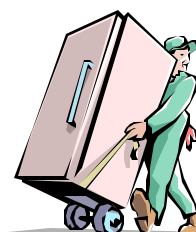
Prior to the move, contact your local health department for assistance and advice. It will be necessary to make arrangements for transporting vaccine to the new site. The refrigerator and freezer at the new site must be set at the proper temperatures for several days before moving vaccine into them. New units may take several days of adjusting to reach the proper temperatures, which are 35-46 degrees F for the refrigerator section and 5 degrees F or less for the freezer. Monitor and record the temperatures on a log to verify that the temperatures are adequate for vaccine storage. All vaccines, with the exception of varicella, may be packed into coolers with cold packs for transport to the new facility. Vaccines should be placed on the bottom of the cooler (keep them in the boxes) and covered with insulating material such as bubble wrap or

newspapers, and then cold packs should be added on top of the insulating material. Add a thermometer to the cooler to check the temperature. There is an excellent handout in the 2003 AIM Provider Tool Kit that shows how to pack a cooler properly. (The 2003 AIM Kit may be ordered by calling 888-76-SHOTS.)

Varicella may only be moved using dry ice or a portable freezer that is designed to reach 5 degrees F or less. The container that varicella vaccine is placed into for transport must be set at 5 degrees F or lower and the temperature must be monitored during the move. Be sure to put a thermometer in the cooler with dry ice or check the temperature gauge of the portable freezer. The temperature of the new storage unit for the varicella vaccine must also be 5 degrees F or lower.

If not stored properly – even for a short time – your vaccines may be compromised. A patient may not be protected when immunized with compromised vaccine. If any vaccines are exposed to improper temperatures during a move, you must contact the manufacturer to assess vaccine quality. Providers who participate in the Vaccines for Children (VFC) program are also required to contact their local health department if any VFC vaccine is affected.

Your local health department is an excellent resource. Be sure to call your local health department for assistance and advice before you start planning your move.



Retraction: Documentation requirements are clarified

The Spring/Summer 2003 issue of this newsletter incorrectly stated that the National Vaccine Injury Compensation Program (NVICP) requirements include documentation of the site of administration. Although documenting the site of administration is strongly recommended, it is not a federal or state requirement (Pink Book - the *Epidemiology and Prevention of Vaccine-Preventable Diseases* Appendix E1, 7th Ed.) We apologize for this oversight.

The NVICP requires documentation of the following six items:

1. Date vaccine was administered
2. Vaccine manufacturer
3. Lot number
4. Date Vaccine Information Statement (VIS) given to parent/guardian
5. VIS revision date
6. Name (address, title) of person administering vaccine

VFC Provider Satisfaction Survey

The results of the 2003 Vaccines for Children (VFC) Provider Satisfaction Survey are in and the respondents were generally positive about the VFC program. All public and private provider sites that are enrolled in the Michigan VFC program are encouraged to complete a satisfaction survey periodically. The survey evaluates all aspects of Michigan's VFC program and provides meaningful information from both providers and local health departments on ways to improve the VFC program in Michigan. The CDC-sponsored VFC program is designed to improve vaccine availability by providing vaccine free of charge to VFC eligible children through public and private providers to ensure that no VFC eligible child contracts a vaccine preventable disease because of the parent's inability to pay for vaccination.

The VFC Provider Satisfaction Survey was inserted into the inside of the front cover of the Michigan Department of Community Health's (MDCH) 2002 VFC Resource Book update, which was distributed to VFC providers last fall. Bright green card stock paper was selected for the survey to make it easy to spot. Of the 2,500 Resource Books distributed, 326 surveys were returned. The one-page survey covered demographics, resource book usage questions, statements for which respondents were asked to rank their level of agreement, and space for general comments. The majority of respondents were private practice (65 percent), while 10 percent represented public health clinics and 11 percent were Federally Qualified Health Clinics or Rural Health Centers.

The responses were based on a Likert scale of strongly agree, agree, disagree, and strongly disagree. Overall, the results were positive. A summary of selected findings is presented in the table below.



Vaccines for Children

Question (n = 326)	Agree	Disagree	Not reported
VFC Resource Book is well organized and easy to use	97 %	1 %	2 %
VFC program requirements and procedures are clear and easy to follow	93 %	4 %	3 %
Screening for VFC program eligibility has been easy to implement	79 %	18 %	3 %
Immunization levels have increased due to participation in the VFC program	75 %	17 %	8 %
Local and/or state immunization staff are easily accessible and helpful	93 %	3 %	4 %
Practice uses the services and training programs offered by local/state public health as often as possible	84 %	12 %	4 %
Practice always documents VFC eligibility in the MCIR	73 %	18 %	9 %

Many providers feel that the VFC program allows them to immunize more children. Seventy-five percent of the VFC providers reported that immunization levels increased due to their participation. Overall, the respondents reported favorably on the VFC Resource Book; more than 90 percent indicated that they use the book for guidance and found it to be user-friendly.

Program barriers included eligibility and insurance issues, as well as reporting and documentation concerns. VFC providers are expected to screen patients before administering vaccines to determine whether a child is VFC eligible. While inconvenient, this is a federal program requirement. Providers are also asked to estimate the number of VFC eligible children they expect to serve in a year so the state can

estimate vaccine needs for the upcoming year. Areas that respondents felt needed further improvement include vaccine accountability and the availability of vaccines through Michigan's VFC program.

The conclusions from the survey are somewhat limited due to the low response rate. In an effort to increase the response rate, the survey will most likely be disseminated to VFC providers using a different method next time.

MDCH appreciates all comments regarding the implementation of the VFC program and continually seeks ways to make it easier for parents and providers to use this program. For more information about the VFC program and how to enroll as a new provider, please contact your local health department.

VFC program offers many vaccine choices

Vaccines for Children (VFC) Basic and Expanded are federal programs that supply vaccines to private providers and public health clinics to serve eligible children. To be eligible to receive VFC vaccine, a child must be 18 years of age or younger and meet at least one of the following criteria:

- enrolled in Medicaid,
- no health insurance,
- American Indian or Alaskan Native,
- or underinsured (health insurance that does not include any reimbursement for the cost of vaccinations).

VFC eligible children may receive the vaccines listed in the accompanying table through the program.

Eligible adults may also qualify for certain vaccines through the Michigan Vaccine Replacement program (MI-VRP). For more information about VFC or MI-VRP programs, please contact the immunization program at your local health department.

Questions?

Do you have questions about VIS, MCIR, or the VFC programs? The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

VFC vaccines	
DT	Hib
DTaP	Influenza*
DTaP-Hep B-IPV (Pediarix)	MMR
DTaP-Hib (Trihibit)	Pneumococcal conjugate
IPV	Pneumococcal polysaccharide*
Hep B	Varicella
Hep B-Hib (Comvax)	Td
*Available for children who fall into special high-risk categories	

Number of reported cases of vaccine-preventable diseases, Michigan 2003

(Year-to-date as of 8/8/2003)

Disease	Total cases, year-to-date
Congenital rubella syndrome (CRS)	0
Diphtheria	0
<i>H. influenzae</i> invasive disease	15
Hepatitis B	116
Measles	2
Mumps	4
Pertussis	50
Poliomyelitis	0
Rubella	0
Tetanus	0

Physician Peer Education Project updates health care providers on immunizations

What is the new influenza vaccine? How do you know if you have the most current inactivated influenza Vaccine Information Statement (VIS)? How do the new HIPAA regulations affect your office? Immunization recommendations and vaccines change so quickly that it is sometimes hard to keep up. Wouldn't it be wonderful if someone could come to your office and tell you the latest news about immunizations? The Physician Peer Education Project on Immunization (PPEPI), a joint venture between the Michigan Department of Community Health and Michigan State University Extension, is designed to do just that: bring updated immunization information to health care providers.

The free one-hour update sessions are designed to be presented to physicians, physician assistants, nurse practitioners, and other healthcare workers. Updates include information on immunization schedules, vaccine recommendations, immunization coverage levels, and causes of low immunization rates. A physician trainer, using a PowerPoint presentation, presents updates to the participants. Useful resource materials and handouts are also provided. Currently, the program has nine modules that can be brought directly to participants. The presentations can be given at



Dawn Contreras, Charissa Townsend, and Kendra Davis (left to right) coordinate the Physician Peer Education Project on Immunization at Michigan State University. Call Kendra Davis at 517-432-7654 to schedule an immunization update presentation.

grand rounds, conferences, or right in your office. The modules include Pediatric, Adolescent, Adult, Family Practice, and Ob/Gyn immunization updates, as well as the latest information about influenza, varicella, the Michigan Childhood Immunization Registry (MCIR), and smallpox.

The Physician Peer Education project has experienced and knowledgeable physician trainers located throughout Michigan. (A list of the physicians is include on page 9.) These trainers are dedicated to bringing up to date immunization knowledge to help Michigan healthcare workers stay current on immunization practices.

Michigan State University Extension, along with the Michigan Department of Community Health, would like to thank all of the physician trainers for their tireless work and many hours of travel.

Call Kendra Davis at (517) 432-7654 to schedule an immunization update presentation. Let us help you stay current on immunization recommendations and practices. Help Michigan to raise its immunization rates and thus protect more of its residents from vaccine-preventable diseases.

MDCH is an Equal Opportunity Employer, Services and Programs Provider

MDCH: DCH-0591 (8/96)
Auth: P.H.S. , Act 42, Sect
317, as amended, 1978

More than two dozen physician trainers participate in the Physician Peer Education Project

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Charles Barone, M.D.
Gerald Blackburn, M.D.
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Barbara Supanich, R.S.M., M.D.

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Botsford General Hospital
Harper Hospital

University of Michigan
Hospitals/VA Medical Center
St. John Medical Center
Sinai-Grace Hospital
Genesee County Health
Department
Hutzel Hospital
Macomb County Health
Department
Children's Hospital of Detroit
Providence Hospital
Oakwood Hospital
Child Health Associates of
Ann Arbor, P.C.

Bronson Medical Center
Kalamazoo Center for
Medical Studies
Ingham Regional Medical
Center
Michigan State University
Michigan State University
Michigan State University
Central Michigan District
Health Department
Kent County EMS
Spectrum Health East
Campus

Peninsula Medical Center
Munson Medical Center
Northwest Michigan
Community Health Agency
Munson Health Care

Questions & Answers

Q What's the difference between the recommended immunization schedule and the Michigan school and daycare requirements?

A The *Recommended Childhood and Adolescent Immunization Schedule* is published in January of every year and is approved by the Advisory Committee on Immunization practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. The schedule is the national standard of care for immunization practice. The Michigan school and daycare requirements are communicable disease rules that are written by our state as part of the *Public Health Code*. These are the minimum requirements to promote public health in school and daycare settings. The Michigan Childhood Immunization Registry (MCIR) assesses children using the *Recommended Childhood and Adolescent Immunization Schedule* and practices should immunize children using this schedule.

The Catch-Up Schedule for Children

a n d A d o l e s c e n t s s e r v e s a s a u s e f u l t o o l

What should you do when a child presents in your clinic after having missed one or more doses of vaccine? It can be difficult to determine when and how missed doses of vaccine should be given. The results of a study published in the May 2003 edition of *Pediatrics* demonstrated that childhood vaccine providers are largely unaware of the proper protocol when a child's immunizations fall behind schedule. The new, easy-to-reference *Catch-Up Immunization Schedule*, approved by the Advisory Committee on Immunization Practices (ACIP), can guide your clinic staff in safely and appropriately bringing these children up-to-date.

The first cardinal rule of catch-up vaccinations is that you should not restart a vaccine series, regardless of the amount of time that has elapsed between doses. You should continue the series where it left off, giving remaining doses according to the minimum intervals reflected on the catch-up schedule.

All indicated vaccinations should be given when an opportunity presents, even if that means giving more than one vaccine at the same visit (in different syringes and at different sites). Don't further delay vaccination and leave a child at risk by giving only one shot when a child needs to catch up on three or four different vaccines – give them all.

Most vaccine series comprise a fixed number of doses that are required to complete the series. There are three doses, for example, in a routine childhood hepatitis B series, regardless of the age at which the series is started, and regardless of the length of any prolonged intervals between doses.

Some vaccines, however, require a different number of doses if the series is delayed, or if an interval between doses is prolonged. Children may require less than the complete 4-dose series of Hib and pneumococcal conjugate vaccines if they begin the series late, or if they miss or delay doses. Adolescents or adults who

receive varicella vaccine for the first time at or after 13 years of age should get two doses to complete the series, while younger children only need one dose.

Complete and correct immunization is one of the most important elements in our fight against infectious diseases. Delay in completion of the recommended schedule is one of the most common problems faced by childhood immunization providers, especially now that the recommended schedule has become more complex and confusing. The *Catch-Up Schedule* is a useful tool that can help you determine the correct timing and spacing of missed doses of routinely recommended vaccines for children and adolescents aged four months to 18 years.

You can print or download the *Catch-Up Schedule* on the Internet at: www.cdc.gov/nip/recs/child-schedule.htm#catchup

How do practices achieve high immunization levels?

Your immunization partners at the Michigan Department of Community Health recommend that you take the steps that others have taken to achieve success: Get a free immunization assessment, follow up with a free immunization in-service, and then you will have the tools that you need to achieve high immunization levels.

The following free programs are available upon request:

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Physician Peer Education – contact Kendra Davis at 517-432-7654

Immunization Update for Office Staff – contact Rosemary Franklin at 517-335-9485

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

For more details, see page 11.

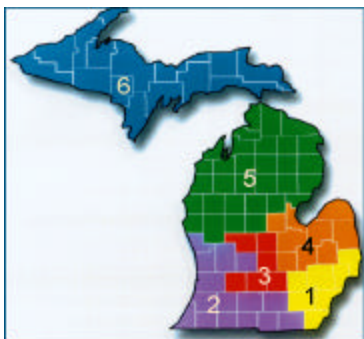
Michigan Immunization Update

You may address any questions regarding the *Michigan Immunization Update* to the editor, Rosemary Franklin, by calling 517-335-9485. If you would like to be added to the mailing list to receive future issues of this newsletter, fax your complete name and address to Rosemary Franklin at 517-335-9855 or e-mail Franklin at franklinr@michigan.gov

Free Immunization Update Opportunities for Physicians and Staff

AVAILABLE PROGRAMS INCLUDE:

PHYSICIAN UPDATE	OFFICE STAFF UPDATE	OTHER PROGRAMS
<ul style="list-style-type: none">■ Immunization update for:<ul style="list-style-type: none">• Physicians• Physician Assistants• Nurse Practitioners■ Presented by practicing physicians■ Brought to:<ul style="list-style-type: none">• Grand Rounds• Medical staff meetings• Conferences• Your office■ 2003–2004 updates on:<ul style="list-style-type: none">• Pediatric Immunization• Adolescent Immunization• Adult Immunization• Family Practice Immunization• Immunization in the Ob/Gyn practice• Varicella and Varicella Vaccine• Influenza Vaccination■ One-hour sessions include information on:<ul style="list-style-type: none">• Immunization schedules• Vaccine recommendations• Immunization coverage levels• Causes of undervaccination <p>CMEs are available for all sessions.</p> <p>For more information, call Kendra Davis at 517-432-7654</p>	<ul style="list-style-type: none">■ Immunization update:<ul style="list-style-type: none">• For staff in private practices who administer immunizations• Offered at times that meet clinic needs■ Presented by Immunization Nurse Educators■ 1.5-hour sessions available on:<ul style="list-style-type: none">• Pediatric Immunization• Adult Immunization• Family Practice Immunization• Immunization in the Ob/Gyn practice■ One-hour sessions on:<ul style="list-style-type: none">• Vaccine administration• Vaccine storage and handling■ All sessions include information on:<ul style="list-style-type: none">• Newly licensed vaccines and schedule recommendations• Minimum intervals between immunizations• Contraindications for immunization• Vaccine administration• Required documentation• Vaccine storage and handling <p>Contact hours for nurses are available.</p> <p>For more information, call Rosemary Franklin at 517-335-9485</p>	<ul style="list-style-type: none">■ An overview of Hepatitis A-E viruses covering:<ul style="list-style-type: none">• Signs and symptoms• Recommended immunization schedule• Modes of transmission• High-risk populations• Treatment options• The Perinatal Hepatitis B Prevention Program• Available resources <p>Contact hours for nurses are available.</p> <p>For more information, call Pat Fineis at 517-335-9443 or 1-800-964-4487</p> <ul style="list-style-type: none">■ Immunization Record Assessment■ Immunization information for your practice can be added to the Michigan Childhood Immunization Registry■ Assessment results include:<ul style="list-style-type: none">• Immunization levels by age groups and vaccine• List of children who are over-due for their immunizations• Strategies to improve the immunization status of children in your practice• Recognition for high coverage levels <p>For a free assessment, call Stephanie Sanchez at 517-335-9011</p>



Michigan Childhood Immunization Registry (MCIR) Regions & Toll-Free Phone Numbers

Region 1 1-888-217-3900

Covers: City of Detroit, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, & Wayne Counties

Region 2 1-888-217-3901

Covers: Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Muskegon, Ottawa, St. Joseph, & Van Buren Counties

Region 3 1-888-217-3902

Covers: Barry, Clinton, Eaton, Gratiot, Ingham, & Montcalm Counties

Region 4 1-888-217-3903

Covers: Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, & Tuscola Counties

Region 5 1-888-217-3904

Covers: Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, & Wexford Counties

Region 6 1-888-217-3905

Covers: All Upper Peninsula Counties



With the State in a budget crisis, this is the perfect time to begin subscribing to get the newsletter electronically **INSTEAD of through the U.S. Mail.**

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at <http://www.adobe.com/products/acrobat/readstep2.html>

How to receive the newsletter via e-mail:

Send an e-mail message to RBlake@msms.org. Enter the word SUBSCRIBE in the SUBJECT field. Do not enter any message content. You will be added to the list.

(Please note that we never disclose your e-mail address to another party and use it only for our informational mailings.)

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How to unsubscribe (from receiving hard copy in mail)

We are currently mailing out nearly 11,000 hard copies of the newsletter, three times a year. That's a lot of paper and a lot of postage. Given the current State budget crisis, every penny counts. Once you have signed up to get the newsletter electronically, please consider whether you really need a hard copy mailed to you.

If you no longer wish to receive a hard copy, make a copy of the address label on your newsletter and fax it to us, indicating that you wish to be deleted from our mailing list. Send your fax to Rosemary Franklin at fax # 517-335-9855. If you prefer, send an e-mail to franklinr@michigan.gov, list your name & address, and request to be removed from the newsletter mailing list.



**Working together,
we can make a difference!**

Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376. Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply. Please note that most of these brochures are revised annually.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.


Name:			
Company:			
Street address:*			
City:		State: MI**	Zip code:
Phone no.:			

* **Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

Please enter quantity for each requested item.

Quantity needed	Materials for health care providers
(Limit of 1 per office)	<p>Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2003 This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2003, the Recommended Adult Immunization Schedule, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.</p>
(Limit of 5,000 cards per office)	<p>Adult Immunization Record Card We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season.</p>

Materials for patient education

New brochures for persons with diabetes and their family members	
	<p><i>If you have diabetes, getting a flu shot is a family affair</i></p>  <p>Attention: New brochure!</p>
New brochures for all patients	
	What is West Nile Virus?
	<p>Antibiotics: What You Should Know <i>Preserving our Antibiotic Lifeline</i></p> <p>This brochure covers the basics on antibiotics: what they are, when they are needed (and <i>not</i> needed), and what causes antibiotic resistance. Some practical advice is also offered on how to take medication correctly, and how to treat a cold or flu.</p>
Brochures for children and adolescents	
	Immunize Your Little Michigander
	Vaccine Safety – What parents need to know
	Are you 11-19 years old? Then you need to be protected against some serious diseases
Brochure for adults	
	Immunizations – They’re not just for kids. Are you protected?
Brochures about hepatitis	
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)

Limits and exceptions

If you have a special need or would like to request any amounts in excess of the limits, please contact Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov

Vaccine safety information

Borrowed from the Ingham County Health Department's *Disease Control Update* newsletter (April 2003)

Vaccines have been recognized as one of the greatest achievements in public health in the 20th Century. You can contribute to the continued success of immunization:

- Be a knowledgeable advocate for immunizations.
- Be aware that risk communication includes the danger of disease as well as the risk of vaccinating. For useful information on this topic see "An Ounce of Prevention: Communicating the Benefits and Risks of Vaccines to Parents" at: www.idinchildren.com/monograph/0301/truths.asp

Much of the information easily available to parents is inaccurate. The primary care physician plays a critical role in helping parents evaluate this information. Studies have repeatedly shown that the endorsement by the physician is the most important aspect of advocating for vaccines.

Direct patients to sources of sound, dependable information, including those listed below.

Immunization Action Coalition:

Vaccine Information for the Public
& Health Professionals
www.vaccineinformation.org

The Centers for Disease Control:

An Overview of Vaccine Safety
www.cdc.gov/nip/vacsafe

The National Vaccine Program Office

10 Tips on Evaluating
Immunization Information on the
Internet
www.cdc.gov/od/nvpo/tips.htm

Children's Hospital of Philadelphia

www.vaccine.chop.edu

American Academy of Pediatrics

Why Should I Immunize My Child?
www.cispimmunize.org/fam/fam_main.html

Allied Vaccine Group

www.vaccine.org

Georgette Peterson wins free conference attendance

The Winter 2003 issue of this newsletter announced a drawing to win a free registration to one of the MDCH Fall Regional Immunization Conferences. Many readers completed and mailed the bright yellow AIM response post card after ordering their 2003 AIM Provider Tool Kits. The winner of the drawing was Georgette Peterson of Intercare in Bangor, MI. Georgette will be attending the October 20 Kalamazoo conference free of charge. Congratulations Georgette!

Please keep in mind that even though the drawing is over, we still ask that you return the response post card that is included on the front cover of the AIM Provider Tool Kit.

**To order an AIM Kit
call 1-888-76-SHOTS**